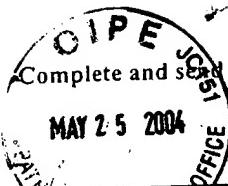


05726/04

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

MAY 25 2004

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23713 7590 03/01/2004  
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N. Kemper	(Depositor's name)
	(Signature)
5/25/04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/974,729	10/09/2001	Mark M. Goodman	70-01	7821

TITLE OF INVENTION: 4-HALOETHENYPHENYL TROPANE:SEROTONIN TRANSPORTER IMAGING AGENTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	06/01/2004
EXAMINER	ART UNIT		CLASS-SUBCLASS		
HARTLEY, MICHAEL G	1616		424-001890		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47: Rev 03-02 or more recent) attached. Use of a Customer Number is required.	

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

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## (B) RESIDENCE: (CITY and STATE OR COUNTRY)

GREENLEE, WINNER AND  
SULLIVAN, P.C.2 \_\_\_\_\_  
3 \_\_\_\_\_

EMORY UNIVERSITY

## Atlanta, GA

Please check the appropriate assignee category or categories (will not be printed on the patent);  individual  corporation or other private group entity  government

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 Issue Fee Publication Fee Advance Order - # of Copies 10

## 4b. Payment of Fee(s):

 A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 07-1969 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date) 5/25/04

Heeja Yoo-Warren, Reg. No. 45,495

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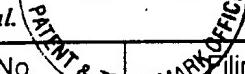
TRANSMITTAL OF PAYMENT OF ISSUE FEE (Small Entity)  
 (37 C.F.R. 1.311)

Docket No.  
 70-01

Applicant(s):

MAY 25 2004

Goodman et al.



Serial No.	Filing Date	Examiner	Group Art Unit	Confirmation No.
09/974,729	10/09/01	Hartley, Michael G.	1616	7821

Invention:

4-Haloethenylphenyl Tropane:Serotonin Transporter Imaging Agents

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Transmitted herewith are the following for the above-identified application.

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- Publication Fee: \$ 300.00     Advance Copies: \$30.00
- A check in the amount of \$995.00 is attached.
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*Signature*

Dated: May 25, 2004

Heeja Yoo-Warren, Reg. No. 45, 495

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*V. Kemper*

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*V. Kemper*

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